## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

**(**2-16) (17-19)

IMAT, Inc.

12516 NE 95<sup>th</sup> St. Ste. D110 ADDRESS

Vancouver, WA 98682

Clark COUNTY

**FACILITY** LOCATION

NAME

ST 6162 PERMIT NUMBER

DI & City **DISCHARGE NUMBER** 

#### **MONITORING PERIOD** YEAR МО YEAR МО DAY FROM 01 TO (20-21)(22-23)(24-25) (26-27) (28-29) (30-31)

# Monthly (submit quarterly)

Form Approved. OMB No. 2040-0004 Approval expires 10-31-94 NOTE: Read instructions before completing this form.

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only (38-45)			RATION 1-61)		NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M UN	NITS (62	(62-63)	ANALYSIS (64-68)	(69-70)
Flow, deionized	SAMPLE MEASUREMENT											
water makeup product stream	PERMIT REQUIREMENT		Report	gpd						N/A	CONT	MT
Flow, city water	SAMPLE MEASUREMENT											
meter	PERMIT REQUIREMENT		Report	gpd						N/A	01/30	MT
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	PREF DESI EVAL PERS GATI	PARED UNDER MY DIRECTION OF TO ASSURE THAT UATED THE INFORMATION; SONS WHO MANAGE THE SY HERING INFORMATION, THE I	AW THAT THIS DOCUMENT AN ON OR SUPERVISION IN ACC QUALIFIED PERSONNEL P SUBMITTED. BASED ON MY I STEM OR THOSE PERSONS D INFORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	I A SYSTEM IERED AND PERSON OR NSIBLE FOR MY			TI	ELEPHO	DNE		ATE
	ARE POSS	SIGNIFICANT PENALTIES F SIBILITY OF FINE AND IMPRIS		ORMATION, INCI ATIONS. SEE 18	UDING THE							
TYPED OR PRINTED	TYPED OR PRINTED 1001		SIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			JMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

**(**2-16) (17-19)

IMAT, Inc.

12516 NE 95<sup>th</sup> St. Ste. D110 ADDRESS

Vancouver, WA 98682

Clark COUNTY

**FACILITY** LOCATION

NAME

ST 6162 PERMIT NUMBER

AWN **DISCHARGE NUMBER** 

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Monthly (submit quarterly)

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PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	ADING	(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)					FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow – AWN	SAMPLE MEASUREMENT										
7,000	PERMIT REQUIREMENT	3600	6000	gpd					0	01/30	MT
рН	SAMPLE MEASUREMENT										
ргі	PERMIT REQUIREMENT				6		9	S.U.	0	CONT	MT
Copper	SAMPLE MEASUREMENT										
Соррог	PERMIT REQUIREMENT						2.2	mg/L	0	01/30	CP
Fluoride	SAMPLE MEASUREMENT										
Tidonac	PERMIT REQUIREMENT					17.4	32.0	mg/L	0	01/90	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE	PREP DESIGN EVAL PERS GATH	ARED UNDER MY DIRECTIONED TO ASSURE THAT UATED THE INFORMATION: ONS WHO MANAGE THE SY IERING INFORMATION, THE I	AW THAT THIS DOCUMENT AT DN OR SUPERVISION IN ACC QUALIFIED PERSONNEL P SUBMITTED. BASED ON MY I STEM OR THOSE PERSONS O NFORMATION SUBMITTED IS, ACCURATE, AND COMPLETI	CORDANCE WITH PROPERLY GATI INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	A A SYSTEM HERED AND PERSON OR INSIBLE FOR			TELEPH	ONE	D	ATE
TYPED OR PRINTED	ARE POSS	SIGNIFICANT PENALTIES F IBILITY OF FINE AND IMPRIS AND 33 USC § 1319. (PENAL	OR SUBMITTING FALSE INF ONMENT FOR KNOWING VIOL TIES UNDER THESE STATUE	ORMATION, INC LATIONS. SEE 18 S MAY INCLUDE	LUDING THE USC §	ATURE OF PRINCIPAL	EXECUTIVE AI	REA N	UMBER	YEAR N	IO DAY
			RISONMENT OF BETWEEN SIX	K MONTHS AND F	IVE YEARS.) OF	OFFICER OR AUTHORIZED AGENT CODE			OHIDEN	I LAIX	DAT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

**(**2-16)

(17-19)

IMAT, Inc. NAME

12516 NE 95<sup>th</sup> St. Ste. D110 **ADDRESS** 

Vancouver, WA 98682

Clark COUNTY

**FACILITY** LOCATION

St 6162 **PERMIT NUMBER** 

FROM

**AWN DISCHARGE NUMBER** 

**MONITORING PERIOD** DAY YEAR МО МО DAY то (20-21)(22-23)(24-25) (26-27)(28-29)(30-31) **Annual** 

(Sample in August - To be Received by DOE no later than October 15th

> Form Approved. OMB No. 2040-0004 Approval expires 10-31-94 NOTE: Read instructions before completing this form.

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Onl (38-45		ONCENTRA (54-6			FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUN	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Arsenic	SAMPLE MEASUREMENT										
Arsenic	PERMIT MEASUREMENT						0.1	mg/L	0	1/365	CP
Barium	SAMPLE MEASUREMENT										
Danum	PERMIT REQUIREMENT						5.5	mg/L	0	1/365	CP
Beryllium	SAMPLE MEASUREMENT										
Deryman	PERMIT REQUIREMENT						90	mg/L	0	1/365	CP
Cadmium	SAMPLE MEASUREMENT										
Cadmidin	PERMIT REQUIREMENT						0.3	mg/L	0	1/365	CP
Chromium	SAMPLE MEASUREMENT										
Cilioniani	PERMIT REQUIREMENT						20	mg/L	0	1/365	CP
Chlorine Demand	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.7	mg/L	0	1/365	CP
Cyanide	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.2	mg/L	0	1/365	Grab
Iron	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10	mg/L	0	1/365	СР
NAME/TITLE PRINCIPAL EXECUTIVE	PREF DESI EVAL PERS GATH	PARED UNDER MY DIRECTI GNED TO ASSURE THAT LUATED THE INFORMATION SONS WHO MANAGE THE SY HERING INFORMATION, THE	AW THAT THIS DOCUMENT AF ON OR SUPERVISION IN AC QUALIFIED PERSONNEL P SUBMITTED. BASED ON MY I STEM OR THOSE PERSONS I NFORMATION SUBMITTED IS,	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	A SYSTEM HERED AND PERSON OR INSIBLE FOR			TELEP	HONE	C	ATE
	ARE POSS	SIGNIFICANT PENALTIES F	, ACCURATE, AND COMPLETI FOR SUBMITTING FALSE INF CONMENT FOR KNOWING VIOL	ORMATION, INCI ATIONS. SEE 18	LUDING THE USC §						
TYPED OR PRINTED 100 \$10		AND 33 USC § 1319. (PENAI	TIES UNDER THESE STATUE RISONMENT OF BETWEEN SI	S MAY INCLUDE I X MONTHS AND F	IVE YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE AREA NOFFICER OR AUTHORIZED AGENT CODE			NUMBER	YEAR	MO DAY

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

**(**2-16) (17-19)

IMAT, Inc. NAME

12516 NE 95<sup>th</sup> St. Ste. D110 **ADDRESS** 

Vancouver, WA 98682

FROM

Clark COUNTY

**FACILITY LOCATION** 

ST 6162 001-AWN **PERMIT NUMBER DISCHARGE NUMBER** 

MONITORING PERIOD YEAR МО DAY YEAR MO DAY то (26-27) (20-21) (22-23) (24-25) (28-29) (30-31)

### Annual

(Sample in August - To be Received by DOE no later than October 15<sup>th</sup>

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PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card On (38-45		ONCENTRA (54-6	NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMU	AVERAGE	MAXIMUI	VI UNIT	S (62-63)	ANALYSIS (64-68)	(69-70)
Lead	SAMPLE MEASUREMENT										
Leau	PERMIT MEASUREMENT						0.4	mg/	L 0	1/365	CP
Mercury	SAMPLE MEASUREMENT										
Weredry	PERMIT REQUIREMENT						0.05	mg/	L 0	1/365	CP
Nickel	SAMPLE MEASUREMENT										
THORE	PERMIT REQUIREMENT						2.1	mg/	L 0	1/365	CP
Selenium	SAMPLE MEASUREMENT										
Selemani	PERMIT REQUIREMENT						0.1	mg/	L 0	1/365	CP
Silver	SAMPLE MEASUREMENT										
Olivei	PERMIT REQUIREMENT						0.1	mg/	L 0	1/365	CP
Total Toxic Organics	SAMPLE MEASUREMENT										
Total Toxic Organics	PERMIT REQUIREMENT						1.37	mg/	L 0	1/365	Grab
Zinc	SAMPLE MEASUREMENT										
ZIIIC	PERMIT REQUIREMENT						2.3	mg/	L 0	1/365	CP
Phenols or Cresols	SAMPLE MEASUREMENT										
FITEHOIS OF CIESOIS	PERMIT REQUIREMENT						0.6	mg/	L 0	1/365	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	PREP DESIG	ARED UNDER MY DIRECTIC SINED TO ASSURE THAT UATED THE INFORMATION S ONS WHO MANAGE THE SY IERING INFORMATION, THE II	AW THAT THIS DOCUMENT AND OR SUPERVISION IN ACC QUALIFIED PERSONNEL P SUBMITTED BASED ON MY II STEM OR THOSE PERSONS D NFORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE IRECTLY RESPO TO THE BEST OF	I A SYSTEM HERED AND PERSON OR NSIBLE FOR MY			TELI	PHONE	1	DATE
	ARE POSS	SIGNIFICANT PENALTIES F	ACCURATE, AND COMPLETE OR SUBMITTING FALSE INFO ONMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18	LUDING THE USC §						
TYPER OF PRINTER 1001		AND 33 USC § 1319. (PENAL 00.00 AND OR MAXIMUM IMPI	AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 10:00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE AREA NOFFICER OR AUTHORIZED AGENT CODE			YEAR	MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT** (DMR)

ST 6162

FROM

**(**2-16) (17-19)

001-AWN

## **Annual**

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Approval expires 10-31-94 NOTE: Read instructions before

Form Approved. OMB No. 2040-0004

completing this form.

## IMAT, Inc. 12516 NE 95<sup>th</sup> St. Ste. D110 NAME **ADDRESS** Vancouver, WA 98682

COUNTY

Clark **FACILITY LOCATION** 

L	PE	RMIT NUM	DISC	DISCHARGE NUMBER									
	MONITORING PERIOD												
r	YEAR	MO	DAY		YEAR	MO	DAY						
				то									
L	(20-21)	(22-23)	(24-25)	1	(26-27)	(28-29)	(30-31)						

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)					NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M L	JNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Oil & Grease	SAMPLE MEASUREMENT											
Oil & Olease	PERMIT MEASUREMENT						50	n	ng/L	0	1/365	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	ARE	SIGNIFICANT PENALTIES F	, ACCURATE, AND COMPLETE FOR SUBMITTING FALSE INF CONMENT FOR KNOWING VIOL	ORMATION, INCI	UDING THE							
TYPED OR PRINTED	\$10,	000.00 AND OR MAXIMUM IMP	TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX	S MAY INCLUDE I MONTHS AND F		SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			N	JMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)